

# Application for Substance Use Disorder Performing Provider Medicaid Eligibility



### **Alabama Department of Mental Health**

**Division of Mental Health and Substance Abuse Services** 

Complete	<u>ALL</u>	<u>.</u> y∈	ellow shad	ded cells	. Con	nplete gray sha	aded c	cells <u>as appli</u>	<u>cable</u> .
Name of Requ									
Requesting Or	rgani	zatio	on Contact Pe	erson:					
Full Legal Name of Applicant:									
				First		Middle	Last		Suffix
ALL Former Names (enter NA if not applicable to this applicant)		Maiden Name							
		Other Former Surname(s)							
		Former Middle Name(s)							
		Nic	kname(s)						
Applicant's Date of Birth				Eligibility	/ begin	s <u>UPON APPROV</u>	<u>4<i>L</i></u> of ap	pplication by AD	MH staff.
Application Da	ate:					licant's Date of Hire fo stance Abuse Services			
Level(s) of Ca			` ,				·		
APPLYING FOR Please note the	OR C	CLIN S <i>AP</i>	IICAL/MEDIC	CAL ELIGIE	BILITY ved for	LEVEL ( <u>check gray (</u> the highest level for	cell next which t	to <mark>each</mark> level reque hev qualify.	ested):
Level			Eligibility Criteria:		Application Documents		Eligible to Provi	de	
		Lingibility Criteria.			Required		(assumes completion	on of	
QSAP I (Qualified Substance Abuse Professional I)		2.			Fully Completed and Sign Application Copy of license or eviden license (LPC, LICSW, LM Psychiatric CNS, Psychiatric Constituted eligibility Fully Completed and Sign Application Copy of Official Master' College Transcripts Copy of SA Counselor Coif active at time of application (see Administrative Code) within the months of hire, then maintair credential for continued eligible Fully Completed and Sign Application Fully Completed and Sign Application Copy of Official Master' College Transcripts Current Résumé which demonstrates at least months of post-master (See guidelines on post-master) Copy of SA Counselor Coif active at time of application and control contro	ce of SW, tric CRNP, MD, DO) for med s Level ertification, tion ense or SA hirty (30) the sility]	<ul> <li>lasamies completion or required training/certification):</li> <li>Intake Assessment (90791)</li> <li>Diagnostic Testing by Physician or Psychologist (96130, 96131, 96136, 96137) [Licensed Psychiatrist or Psychologist only]</li> <li>Diagnostic Testing by Technician (96130, 96131, 96138, 96139)</li> <li>Diagnostic Testing Administered by Computer (96146)</li> <li>Individual Counseling (90832, 90834, 90837)</li> <li>Group Counseling (90853)</li> <li>Family Counseling (90846, 90847)</li> <li>Multi-Family Group Counseling (90849)</li> <li>Basic Living Skills (H0036)</li> <li>Psychoeducational Services (H2027)</li> <li>Medication Monitoring (H0034)</li> <li>Treatment Plan Review (H0032) [Licensed Psychologist, LICSW, LMSW, CRNP, RN with Master's in Psychiatric Nursing, LPC, MD, DO, PA or LMFT only]</li> </ul>		
			experience, a	se or certification		[MUST obtain applicable Lice Counselor Certification (see Administrative Code) within t months of hire, then maintain credential for continued elicit	hirty (30) the		

1/1/2019 Page 1|4

ADMHSA Application for Medicaid Eligibility

Level	Eligibility Criteria:	he highest level for which they qualify.  Application Documents   Eligible to Provide (assume		
Levei	Engionity officeria.	Required	completion of required training/certification):	
QSAP II (Qualified Substance Abuse Professional II)	An individual who:     Has a Bachelor's Degree from a nationally or regionally accredited college or university in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and     Is licensed in the State of Alabama as a Bachelor Level Social Worker	Fully Completed and Signed Application     Copy of LBSW License  [License must be maintained for continued eligibility.]	<ul> <li>Individual Counseling (90832, 90834, 90837)</li> <li>Group Counseling (90853)</li> <li>Family Counseling (90846, 90847)</li> <li>Multi-Family Group Counseling (90849)</li> <li>Basic Living Skills (H0036)</li> <li>Psychoeducational Services</li> </ul>	
	2. An individual who:  • Has a Bachelor's Degree from a nationally or regionally accredited college or university in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and  • Holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium.	Fully Completed and Signed Application     Copy of Official Bachelor's Level College Transcripts     Copy of SA Counselor Certification  [SA Counselor Certification must be maintained for continued eligibility.]	<ul><li>(H2027)</li><li>Medication Monitoring (H0034)</li></ul>	
QSAP III (Qualified Substance Abuse Professional III)	An individual who:  Has a Bachelor's Degree from a nationally or regionally accredited college or university in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and Participates in ongoing supervision by a certified or licensed QSAP I for a minimum of one (1) hour individual per week until attainment of a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, or Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. which shall be obtained within thirty (30) months of hire.	Fully Completed and Signed Application Copy of Official Bachelor's Level College Transcripts  [MUST obtain SA Counselor Certification within thirty (30) months of hire]	Basic Living Skills (H0036)     [Working under the     supervision of a QSAP I or     QSAP II]     Psychoeducational Services     (H2027) [Working under the     supervision of a QSAP I or     QSAP II]     Medication Monitoring     (H0034)	
QPP (Qualified Para- Professional)	An individual who meets the following minimum qualifications:     A high school diploma or equivalent, and     One (1) year of work experience directly related to job responsibilities, and     Concurrent participation in clinical supervision by a licensed or certified QSAP I.	<ul> <li>Fully Completed and Signed Application</li> <li>High School Diploma or Equivalent</li> <li>Current Résumé which demonstrates at least one (1) year of work experience directly related to job responsibilities (See guidelines on page 4)</li> </ul>	Basic Living Skills (H0036) ) [Working under the supervision of a QSAP I or QSAP II]	

1/1/2019 Page 2|4

ADMHSA Application for Medicaid Eligibility

	OR CLINICAL/MEDICAL ELIGIBILITY L at QSAP applicants will be approved for t		
Level	Eligibility Criteria:	Application Documents Required	Eligible to Provide (assumes completion of required training/certification):
TCM-9 (Targeted Case Management – Target 9)	An individual who meets the following minimum qualifications:  • A Bachelor of Arts or a Bachelor of Science degree, preferably in a human services related field, <i>and</i> • Training in a case management curriculum approved by ADMH, <i>and</i> • Concurrent participation in clinical supervision by a licensed or certified QSAP I.	Fully Completed and Signed Application     Copy of Official Bachelor's Level College Transcripts     Certification of completion of training in a case management curriculum approved by ADMH	Targeted Case Management – Target 9 (G9008:U9) ) [Working under the supervision of a QSAP I or QSAP II]
Physician	A physician licensed under Alabama law to practice medicine or osteopathy.	Fully Completed and Signed Application     Copy of license or evidence of license  [License must be maintained for continued eligibility]	Diagnostic Testing     Administered by Physician or     Psychologist (96130, 96131,     96136, 9613701) [Licensed     Psychiatrist or Psychologist     only]     Physician Medical Assessment     and Treatment (H0004)
PA (Physician Assistant)	A physician assistant licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Medicaid Examiners.	Fully Completed and Signed Application     Copy of license or evidence of license  [License must be maintained for continued eligibility]	Physician Medical Assessment and Treatment (H0004)
Pharmacist	A pharmacist licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Pharmacy.	Fully Completed and Signed Application     Copy of license or evidence of license  [License must be maintained for continued eligibility]	Medication Monitoring (H0034)
CRNP (Certified Registered Nurse Practitioner)	A Certified Registered Nurse Practitioner (CRNP) licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurse.	Fully Completed and Signed Application     Copy of license or evidence of license  [License must be maintained for continued eligibility]	Physician Medical Assessment and Treatment (H0004)
RN (Registered Nurse)	A registered nurse licensed under Alabama law.	Fully Completed and Signed Application     Copy of license or evidence of license  [License must be maintained for continued eligibility]	Injectable Medication     Administration (96372)     Oral Medication Administration     – MAC Certified (H0033)     Medication Monitoring (H0034)     Basic Living Skills (H0036)     Psychoeducational Services (H2027)
LPN (Licensed Practical Nurse)	A licensed practical nurse licensed under Alabama law.	Fully Completed and Signed Application     Copy of license or evidence of license  [License must be maintained for continued eligibility]	Injectable Medication     Administration (96372) [Under the direction of a physician]     Oral Medication Administration     – MAC Certified (H0033)     [Under the direction of a physician]     Medication Monitoring (H0034)

1/1/2019 Page 3|4

### ADMHSA Application for Medicaid Eligibility

EDUCATION CREDENTIALS:				
University	Degree	Field	Graduation Date (Month/Day/Year)	

I certify that the above information is correct:						
Executive Director/Program Director	Date					

<u>Fully Complete</u>, <u>Signed</u> Application must include all applicable documents associated with the requested eligibility level. <u>Incomplete applications are not accepted</u>.

## <u>GUIDELINES FOR DEMONSTRATION OF EXPERIENCE IN PROVISION OF SUBSTANCE ABUSE</u> TREATMENT SERVICES:

When a résumé is required (see third column of grid for each eligibility level), attach <u>current</u> résumé which clearly shows, <u>for each relevant employment segment</u>:

- Specific dates of employment (<u>month/day/year</u> through <u>month/day/year</u>)
- Name and Address of Employing Agency
- Clinical Supervisor(s) [Agency staff who provided required clinical supervision]
- Duties relative to supervised clinical experience in substance abuse treatment

### **SUBMIT APPLICATIONS:**

### VIA EMAIL, *PREFERRED*:

**Very clearly legible** documents may be scanned, **into a <u>single pdf formatted document</u>**, and emailed to: Rita.wingard@mh.alabama.gov

Or:

#### VIA GROUND MAIL:

Alabama Department of Mental Health & Substance Abuse Services

\*\*ATTN: Rita Wingard\*\*
100 North Union Street
Suite 430
Montgomery, AL 36104

1/1/2019 Page 4|4